



PATIENT

Jasper Cash

SPECIES

Canine

BREED

Australian Shepard

SEX

Male Neutered

AGE

14y

WEIGHT

64 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Kiffney

INVOICE

12961

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Persistent proteinuria (UPC 2, 1.6, 2.2) Urine culture negative, well within normal limit renal values, USG 1.023 4dx negative up to date on leptovaccination, have not performed leptotest

Abnormal PE/Chem/CBC/UA Results: obese, bilateral cataracts, blind, multiple lipomas, quite large, suspect intraabdominal lipomas as well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Minor evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.82 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented primarily intact non-thickened wall layering with maintained mural detail. Mildly non-homogeneous stomach lumen lesion was noted measuring ~3.0 cm in diameter. The lesion was non-mineralized and non-obstructive to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, generally mild, non-shadowing ingesta/chyme.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No visualized omental lymphadenopathy or peritoneal effusion was present. Areas of mild non-uniform, echogenic fat to intraabdominal lipomas.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes exhibiting minor pyelectasia, normal bilateral adrenal glands
- Mild, non-congested hepatomegaly – benign
- Non-obstructive gastric lumen soft tissue lesion – suspect mucosal hyperplasia or polyp, gastric lumen mass not excluded
- Mild non-homogeneous intraabdominal fat/lipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued monitoring of UPC with potential PLN therapy if progressive UPC >2.0 without concurrent azotemia. The gastric soft tissue lumen lesion does not appear to be clinical at this stage given no reported gastrointestinal signs, i.e. inappetence, vomiting, etc. As needed gastro protectants with clinical and sonographic monitoring of the stomach for evidence of progression, specifically if clinical signs arise would be reasonable. Upper gastrointestinal endoscopy with biopsies indicated if gastrointestinal signs arise or for further diagnosis.



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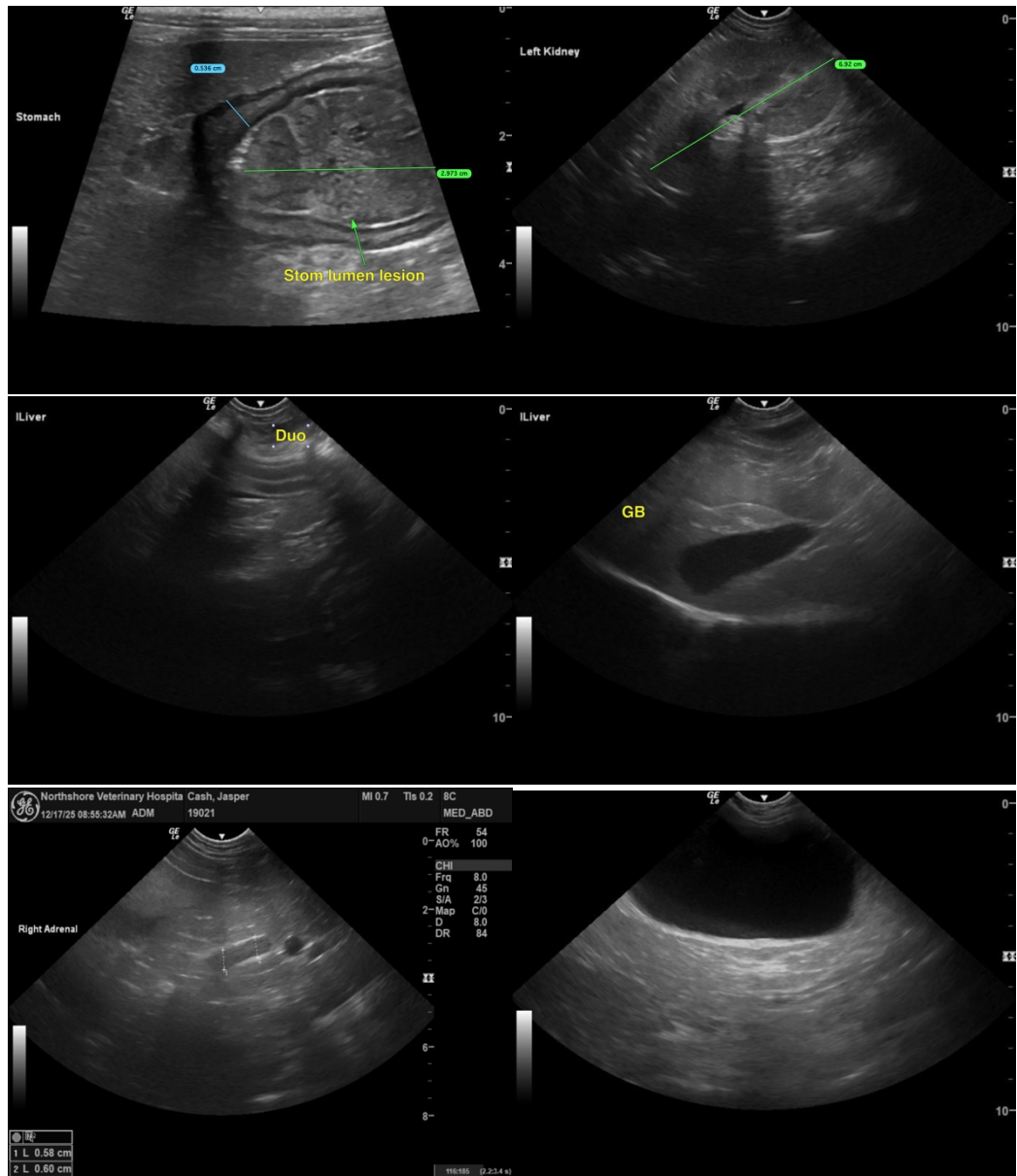
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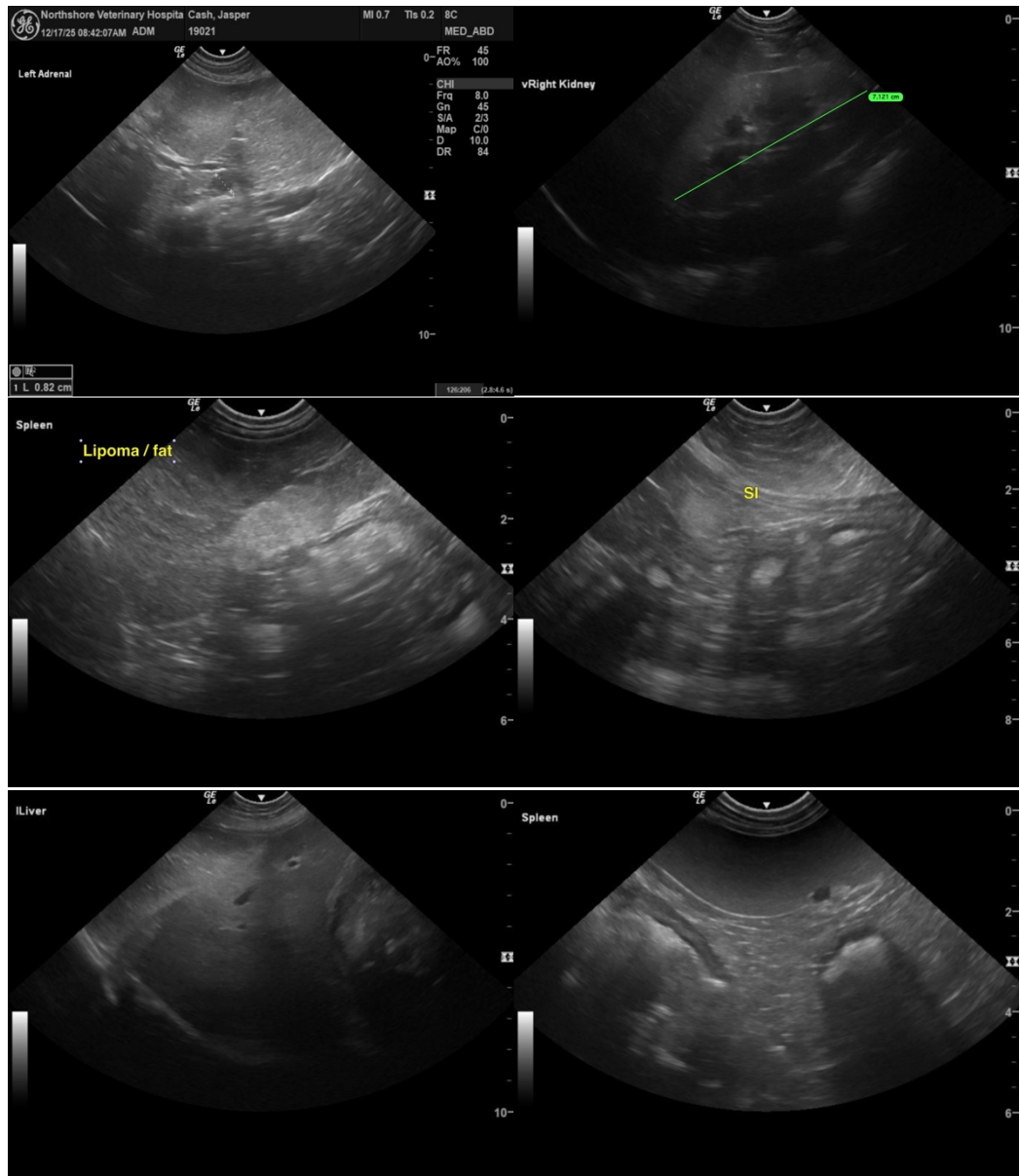
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com



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